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	UTILITY SERIAL NUMBER		SEP 26 2000	PAT NU	ENT MBER							
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APPLICANTS				egin eta inga	·	1 Km))	TO TO	4,546			
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	Coreign priority claimed 95 USC 119 conditions met	yes D no	AS STATE OF COUNTRY	SHEETS CL	AIMS INDE	P. FILING F	ED	TY ***** ATTORNEY'S DOCKET NO.	1,000			
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	SSUE FEE Amount Due Date Label Area	21(00)	THOMAS C SUPERVISORY PAIR CROUP PREPARED FO	Primary Exa OR ISSUE	She ISSI BAT NUM	IBER	PRAWING DIWG: DIWG: Grant Control Positionist and control	Calvide prints				
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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997

		CLAIMS A		SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY					
FOR		NUMB	ER FILED	NUMBER	NUMBER EXTRA		FEE	ŀ	RATE	FEE	
BASI	C FEE					11 - 124	395.00	OR		790.00	
тоти	AL CLAIMS	5			. 30		330-	OR	x\$22=		
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* If th	e difference in o	olumn 1 is less than	TOTAL	725.	OR	TOTAL					
		CLAIMS AS (Column 1)	AMENDED	SMALL	. ENTITY	OR	OTHER THAN SMALL ENTITY				
REM		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
		*	Minus	**	=	x\$11=		OR	x\$22=		
AME	Independent	*	Minus	***	=	x41=		OR	x82=		
7	FIRST PRE	SENTATION OF	MULTIPLE	+135=		OR	+270=				
7	le.	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
ENTB		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MOI	Total	*	Minus	**	=	x\$11=		OR	x\$22=		
AMENDMENT	Independent	*	Minus	***	=	x41=		OR	x82=		
٧	FIRST PRE	SENTATION OF	MULTIPLE	DEPENDENT CL	AIM	+135=		OR	+270=		
		(Column 1)		(Column 2)	(Column 3)	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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A	FIRST PRE	SENTATION OF	MULTIPLE	+135=		OR	+270=				
* if i	he entry in colu he "Highest Nur	mn 1 is less than the	TOTAL ADDIT FEE		OR	TOTAL ADDIT. FEE					
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

MULTIPLE DEPENDENT CLAIM FEE CALOULATION SHEET (FOR USE WITH FORM PTO-875)

FILING DATE

AFFLICANT(8)

	CLAIMS														
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